

# Public Health Unit Infection Prevention and Control Lapse Report

## Initial Report

Premise/facility under investigation (name and address)	
Type of premise/facility	
Date Board of Health became aware of IPAC Lapse	
Date of Initial Report posting	
Date of Initial Report update(s) (if applicable)	
How the IPAC lapse was identified	
Summary Description of the IPAC Lapse	

## IPAC Lapse Investigation

Did the IPAC Lapse involve a member of a regulatory college?	
If yes, was the issue referred to the regulatory college?	
Were any corrective measures recommended and/or implemented?	
Please provide further details/steps	
Date any order(s) or directive(s) were issued to the owners/operators (if applicable) (yyyy/mm/dd)	

## Initial Report Comments and Contact Information

Any additional comments (Do not include any personal information or personal health information)	
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### If you have any further questions please contact:

Name	
Title	
Email address	
Phone number	

## Final Report

Date of Final Report posting	
Date of any order(s) or directive(s) were issued to the owner/operator (if applicable)	
Brief description of corrective measures taken	
Date all corrective measures were confirmed to have been completed	

## Final Report Comments and Contact Information

Any additional comments (Do not include any personal information or personal health information)	
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If you have any further questions please contact:

Name	
Title	
Email address	
Phone number	